Approved for use through 02/28/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004 Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/574,307 Application Number FEE TRANSMITTA Filing Date November 1, 2004 (I.A.) For FY 2007 First Named Inventor John S. Blanchard **Examiner Name** to be determined Applicant claims small entity status. See 37 CFR 1.27 Art Unit to be determined TOTAL AMOUNT OF PAYMENT (\$) 65.00 Attorney Docket No. 96700/1123 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 01-1785 Deposit Account Name: Amster Rothstein & Ebenstein LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 . 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee Paid (\$) (round up to a whole number) x / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): late declaration fee - small entity 65

SUBMITTED BY					
Signature	Wir My	Registration No. (Attorney/Agent)	44,704	Telephone	(212) 336-8000
Name (Print/Type)	Elie H. Gendloff		<u>.</u>	Date	April 20, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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_	DECLARA	TION	FOR UTILITY OR	Attorney Docket Number	96700/1123		
			SIGN ~	First Named Inventor	John S. Blanchard		
	PATENT APPLICATION			COMPLETE IF KNOWN			
	(37 CFR 1.63)			Application Number	PCT/US2004/032356		
	Declaration Submitted	OR Declaration Submitted aft	Declaration Submitted after Initial	Filing Date	10/01/2004 (IA)		
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		required)	Examiner Name	to be assigned			

I hereby declare that:								
Each inventor's residence, ma	iling address, a	ınd citizenship are as	stated be	elow next to t	heir name	Э.		
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
ASSAY FOR ACETYLTRANSFERASES AND ACETYLTRANSFERASE SUBSTRATES								
		(Title of the In	vention)					
the specification of which								
is attached hereto								
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was filed on (MM/DD/Y	YYY)	10/01/2004	as Unit	ed States Ap	plication l	Number or P	CT International	
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I hereby state that I have revie	wed and under	stand the contents o	f the abov	ا e identified s	necificati	on including	the claims, as	
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I acknowledge the duty to dis	sclose informat	tion which is materia	al to pate	entability as o	defined in	1 37 CFR 1.	56, including for	
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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one								
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Prior Foreign Application Number(s)	Country	Foreign Filing I (MM/DD/YYY	Date   Y)	Priori Not Clai		YES	NO	
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## **DECLARATION** — Utility or Design Patent Application

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NAME OF SOLE OR FIRST IN	VENTOR:							
Given Name (first and middle [if any])  A petition has been filed for this unsigned inventor  Family Name or Surname								
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John \$1	<u> </u>			Blanchard	<u>,                                     </u>	,		
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